

Please type a plus sign (+) inside this box → ☐

PTO/SE/05 (12/97)
Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	49756-02	Total Pages	
	First Named Inventor or Application Identifier			
	GUENTHERBERG et al.			
	Express Mail Label No.			

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 39] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <input type="checkbox"/>]	ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Small Entity Statement filed in prior application. <input type="checkbox"/> Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other:
4. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>09/913,184</u>	

18. Customer Number ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26474 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below	
NAME	Herbert B. Keil		
ADDRESS	KEIL & WEINKAUF 1350 Connecticut Avenue, N.W. Washington, D.C. 20036		
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	
USA	202-659-0100	202-659-0105	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

03917 U.S. PTO
10/658915
09/11/03

The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	Small/Large Entity	Basic Fee \$375/\$750
Basic Fee				\$ 750.00
Total Claims:	<u>10</u>	-20=	x \$9/\$18	=
Indep. Claims:	<u>1</u>	-3=	x \$42/\$84	=
[] Multiple Dependent Claim(s) presented: \$140/\$280				=
[] Non-English specification fee: \$130				=
[X] A check is enclosed for the filing fee.				\$ 750.00

[X] A check for \$ 750.00 for the above fees is enclosed.

[X] Authorization is hereby given to charge any deficiency in fees, including any extension fees, during the prosecution of this application and for the present filing, to Dep. Acct. 11-0345.

September 9, 2003

Date

Herbert B. Keil
Herbert B. Keil
Reg. No. 18,967

HBK/kas

1350 Connecticut Ave., N.W.
Washington, D.C. 20036
(202) 659-0100